

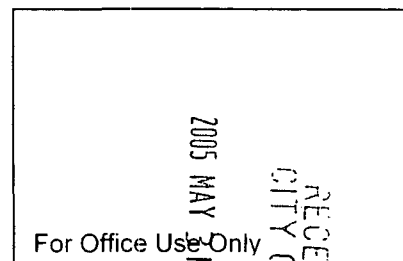
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

City of Las Vegas/State of Nevada

Name (print) JEFF CRISMAN Office (if applicable) City Council - City of Las Vegas, Nevada District (if applicable) WARD 6
Mailing Address (include city and zip code) P.O. Box 750222, Las Vegas, Nevada 89136-0222 Telephone No. 702-657-4663
E-Mail Address KJCRISMAN@COX.NET

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

- ☐ **Report #1 — Due March 29, 2005**
Period: Jan. 1, 2005 — Mar. 24, 2005
- ☒ **Report #2 — Due May 31, 2005**
Period: Mar. 25, 2005 — May 26, 2005
- ☐ **Report #3 Due — July 15, 2005**
Period: May 27, 2005 — June 30, 2005



CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
500.00	31,700.00
30.00	155.00

- Total Amount of Monetary Contributions Received**
(Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
530.00	31,855.00
434.31	734.31

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid**
(Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

3,331.85	22,935.84
225.85	1043.05
3557.70	23878.89
434.31	734.31

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Jeff Crisman

Date May 28, 2005

Report Period | # 2

Ward 6
District (if applicable)

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

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Report Period	# 2
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Ward 6
District (if applicable)

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Kathleen Ryan 3213 W Bay Vista Ave. Tampa, Florida 33611	3/28/05	\$500.00	

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**IN KIND CAMPAIGN
EXPENSES**

Report Period # **2**

JEFF CRISMAN
Name (print)

City Council - City of Las Vegas
Office (if applicable)

Ward 6
District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NEVADA Concerned Citizens P.O. Box 81707 Las Vegas, Nevada 89180	MAILING	4/3/05	434.31

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NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362